

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**RECEIVED
SECRETARY OF THE SENATE
16 FEB -2 AM 9:48

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Tammy Baldwin for Senate

ADDRESS (number and street) PO Box 696
Check if different than previously reported. (ACC) Madison WI 53701
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00326801

3. IS THIS REPORT NEW OR AMENDED
X (N) (A)

4. STATE DISTRICT

WI 00

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)
and/or Semi-annual ReportOctober 15
Quarterly Report (Q3)X January 31
Year-End Report (YE)
and/or Semi-annual ReportJuly 31 Mid-Year
Report (Non-election
Year - PAC/Party) (MY)
and/or Semi-annual Report(b) Monthly Report Due On:
Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) This report also covers the semi-annual period
Special (12S) Convention (12C)
M M D D Y Y Y Y in the State of See Line 6(b)
Election on(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period
M M / D D / Y Y Y Y in the State of See Line 6(b)
Election on

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers M M / D D / Y Y Y Y through M M / D D / Y Y Y Y and/or January 1 - June 30
10 01 2015 12 31 2015
X July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

0.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Michael F. Childers

Signature of Treasurer

Mr. Michael F. Childers

Date

M M D D / Y Y Y Y
01 29 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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02/2009